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CONFIRMATION NO. 4638

<b>SERIAL NUMBER</b> 10/530,281	<b>FILING OR 371(c) DATE</b> 04/05/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> A9409
<b>APPLICANTS</b> Seymour J Kurtz, Chicago, IL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/33649 10/23/2003 which claims benefit of 60/421,042 10/25/2002 <b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 22 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Hoffman Wasson & Gitler 2461 South Clark Street Crystal Center 2 - Suite 522 Arlington , VA 22202				
<b>TITLE</b> Method of treating insulin resistance, adult onset diabetes and metabolic syndrome x				
<b>FILING FEE RECEIVED</b> 350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	